

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>28 Jan 05</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing	1	28 Jan 05	\$ 50
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
<u>David A Guerra</u> <u>933 Oleander Way South Suite 9</u> <u>South Pasadena, FL 33707</u>		7 TOTAL AMOUNT OF REFUND		\$ <u>5000</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment <input checked="" type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>		
11 REFUND REQUESTED BY: <u>P.K.</u>				
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>P. Lidwell</u>		PHONE: <u>308-9140</u>		
OFFICE: <u>PCT</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Amy Chigis</u>		DATE: <u>5/23/05</u>		

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REQUEST FOR PATENT FEE REFUND									
1 Date of Request: _____		2 Serial/Patent # <u>10/505294</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
	Filing	<u>11</u>	28 Jun 03 \$ <u>40</u>						
	Amendment	<u>12</u>	28 Jun 03 \$						
	Extension of Time		\$						
	Notice of Appeal/Appeal		\$						
	Petition		\$						
	Issue		\$						
	Cert of Correction/Terminal Disc.		\$						
	Maintenance		\$						
	Assignment		\$						
	Other		\$						
<u>David A Guerra</u> <u>933 Oleander Way South, Suite 4</u> <u>South Pasadena, CA 91066</u>		7 TOTAL AMOUNT OF REFUND \$ <u>40</u>							
		8 TO BE REFUNDED BY:							
10 REASON:		<input checked="" type="checkbox"/> Treasury Check							
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
<input type="checkbox"/> No Fee Due (Explanation): _____									
11 REFUND REQUESTED BY: <u>P.K.</u>									
TYPED/PRINTED NAME: _____		TITLE: <u>Paralegal</u>							
SIGNATURE: <u>P. K. Guerra</u>		PHONE: <u>305 3656</u>							
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